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Fill	in this information t	to identify your c	ase:							
Del	btor 1	Clara A. DeB	Seneditto			_				
	btor 2 buse, if filing)					_				
Uni	ited States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	4					
		-14870		-		Ch	neck if this is:			
(If Kr	nown)						An amende	0		
						⊔	A suppleme 13 income a			chapter
0	fficial Form	1061					MM / DD/ Y	YYY		
S	chedule I:	Your Inc	ome							12/15
spo atta	use. If you are sep ch a separate she	parated and you	are married and not fili ir spouse is not filing wi On the top of any additi	ith you, do not inclu	de inforr	nation ab	out your spo	use. If more	e space is n	needed,
1.	Fill in your empl information.	loyment		Debtor 1			Debtor 2	or non-filin	g spouse	
		ore than one job,	Employment status	■ Employed			☐ Employed			
	attach a separate			□ Not employed			☐ Not er	nployed		
	employers.		Occupation	LETTER CARRI	ER		_			
	Include part-time, self-employed wo		Employer's name	U S POST OFFI	CE					
	Occupation may or homemaker, if		Employer's address				_			
			How long employed to	here? > 18 YE	ARS					
Pai	rt 2: Give De	tails About Mor	nthly Income							
	imate monthly incouse unless you are		ate you file this form. If	you have nothing to re	eport for	any line, w	rite \$0 in the	space. Inclu	de your non	ı-filing
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the information	n for all e	mployers	for that persor	n on the line	s below. If y	ou need
						For I	Debtor 1	For Debto		
2.			ry, and commissions (becalculate what the month)		2.	\$	5,666.12	\$	N/A	
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$ 5	5.666.12	\$	N/A	

Deb	tor 1	Clara A. DeBeneditto	_	Cas	e number (<i>if known</i>)	20-14870		
				Fo	r Debtor 1	For Debtor non-filing s		
	Copy	y line 4 here	4.	\$	5,666.12	\$	N/A	
5.		all payroll deductions:		· -		·		-
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,275.68	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$-	42.70	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	-
	5e.	Insurance	5e.	\$	0.00	\$	N/A	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	_
	5g.	Union dues	5g.	\$	0.00	\$	N/A	_
	5h.	Other deductions. Specify: MEDICARE	5h	+ \$	76.40	+ \$	N/A	-
		TSP05		\$	266.88	\$	N/A	-
		TSPLG		\$	373.92	\$	N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	2,035.58	\$	N/A	-
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,630.54	\$	N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	=
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation		\$_ \$_	0.00	\$\$	N/A N/A	_
	8e.	Social Security	8e.	\$	0.00	\$	N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	\$	N/A	-
	8g.	Pension or retirement income	— 8g.	\$	0.00	\$	N/A	-
	8h.	Other monthly income. Specify: PROJECTED OVERTIME	8h	+ \$ -	1,000.00	+ \$	N/A	-
		PRO RATE 2020 INCOME TAX REFUND		\$	269.33	\$	N/A	-
		50% Child Stimulous shared with Daughter		\$_	150.00	\$	N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,419.33	\$	N//	A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	i	5,049.87 + \$_	N/A	= \$	5,049.87
11.	State Inclu	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	deper		•			0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes					\$	5,049.87
13.	Do y	ou expect an increase or decrease within the year after you file this form No.	1?				Combine month!	ned y income
	_	No.						

Fill	in this informa	ition to identify yo	our case:					
Deb	otor 1	Clara A. DeB	eneditto			Che	ck if this is: An amended filing	
Deb	tor 2					_		wing postpetition chapter
(Spo	ouse, if filing)				13 expenses as of	the following date:		
Unit	ed States Bankr	ruptcy Court for the	: EASTE	-	MM / DD / YYYY			
	e number 20 nown))-14870						
O	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	ises				12/1
Be info	as complete ormation. If m	and accurate as	possible eded, atta	If two married people ar ch another sheet to this				
Par		ribe Your House	hold					
1.	Is this a joir							
	■ No. Go to		in a sonar	ate household?				
	□ 103. D00		п а эсраг	ate nousenoid:				
	= ::	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Deb	tor 2.	
2.	Do vou have	e dependents?	□ No					
	Do not list D Debtor 2.	-	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				GRANDSON		14 MOS.	Yes
					DALIGUITED		40	□ No
					DAUGHTER		18	■ Yes □ No
					DAUGHTER		26	■ Yes
								☐ No
								☐ Yes
3.	expenses o	penses include f people other t d your depende	^{han} □	No Yes				
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i>)			Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4. \$	S	1,623.72
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$	3	0.00
	•	rty, homeowner's				4b. \$		0.00
		maintenance, reconner's associate		ipkeep expenses		4c. \$ 4d. \$		325.00
5.				our residence, such as ho	me equity loans	4u. \$		0.00

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Debtor 1 Clara A. DeBeneditto	Case number (if known)	20-14870
5. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	211.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify: PROPANE HEAT PRO RATED	6d. \$	125.00
CELL PHONES		256.00
CABLE & INTERNET		157.00
Food and housekeeping supplies	7. \$	925.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	50.00
Personal care products and services	10. \$	120.00
Medical and dental expenses	11. \$	325.00
2. Transportation. Include gas, maintenance, bus or train fare.	Π. Ψ	323.00
Do not include car payments.	12. \$	415.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
4. Charitable contributions and religious donations	14. \$	0.00
5. Insurance.	· · · · · · ·	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	150.00
15d. Other insurance. Specify:	15d. \$	0.00
5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		0.00
Specify:	16. \$	0.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
9. Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this form or on Sche		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
1. Other: Specify:	21. +\$	0.00
' ' -		0.00
2. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	4,682.72
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,682.72
3. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,049.87
23b. Copy your monthly expenses from line 22c above.	23b\$	4,682.72
 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23c. \$	367.15

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

☐ Yes.

Explain here: PLEASE NOTE, DEBTOR IS THE SOLE SUPPORTER FOR HER CHILDREN AND GRANDSON. HER 26 YEAR OLD DAUGHTER IS GOING TO SCHOOL AND DOES NOT WORK. SHE PAYS FOR ALL OF HER GRANDSON'S EXPENSES, INCLUDING DAYCARE. DEBTORS GRANDSON HAS A CONGENITAL DEFECT AND WILL REQUIRE LEG SURGERY IN THE FUTURE.